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## BIB DATA SHEET

CONFIRMATION NO. 3273

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 10/578,864    | 06/22/2006<br>RULE    | 002   | 3765           | 4750-46             |

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP04/12811 11/11/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 103 52 608.0 11/11/2003  
 UNITED KINGDOM 103 52 607.2 11/11/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 03/07/2007

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |                  |                 |              |                    |
| Verified and<br>Acknowledged   | <input type="checkbox"/> Met after Allowance<br><br>/KATHERINE M MORAN/<br>Examiner's Signature | GERMANY          | 5               | 21- 18       | 3                  |
|                                | Initials  |                  |                 |              |                    |

**ADDRESS**

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**TITLE**

Headband device for an oxygen mask

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>2508 | FEES: Authority has been given in Paper<br>No._____ to charge/credit DEPOSIT ACCOUNT<br>No._____ for following: | <input type="checkbox"/> All Fees                            |
|                                    |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                    |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                    |   | <input type="checkbox"/> Other _____                         |
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